

Kindergarten Parent Interview Form

Student Information

Child's Full Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Does your child have a preferred name?	Date of Birth
Is there a language in addition to or other than English spoken in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is/are the language(s) _____	

Parent/Legal Guardian Name	Relationship to child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Working Hours	

Parent/Legal Guardian Name	Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
Working Hours	

Parents/Legal Guardians
 Married Single Widowed Divorced Separated

If parents are not together, child's age at separation _____
 Briefly describe custody arrangement _____

Child's Household Includes (Please include the ages of children/siblings in the household)

Name	Relationship	Age of Child

Educational Services and Needs

Does your child receive services for special needs? If yes, please describe. _____

Have any members of the family been diagnosed with dyslexia or had any other learning problems?
 Mother Yes No Father Yes No
 Sibling Yes No Other Family Member Yes No
 Please explain _____

Educational Services and Needs Continued			
My Child			
Hears normally	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has a history of frequent ear infections	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has had tubes placed in his/her ears	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Learns new words easily and naturally	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was later in learning to speak and slow to acquire new words	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Knows nursery rhymes or song lyrics that rhyme	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can recognize and produce rhymes.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Often mispronounces words, like saying "beddy tear" instead of "teddy bear."	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Developmental and Health History			
Did you have a routine pregnancy and birth? If not, briefly describe.			
Approximate age at which your child: Crawled _____ Walked _____ Spoke words _____ Spoke in phrases _____			
Do you have any health concerns (allergies, asthma, ear infections, vision, etc.) about your child? If yes, please explain.			
When does your child go to bed and wake up?			
Does your child go to sleep easily?			
1 Always	2 Very Often	3 Sometimes	4 Rarely
Does your child sleep well?			
1 Always	2 Very Often	3 Sometimes	4 Rarely
Does your child take a nap?			
1 Always	2 Very Often	3 Sometimes	4 Rarely
Is your child physically active?			
1 Always	2 Very Often	3 Sometimes	4 Rarely
How is your child's coordination?			
1 Excellent	2 Good	3 Fair	4 Poor
How is your child's concentration?			
1 Excellent	2 Good	3 Fair	4 Poor

Social/Emotional History

How does your child react to new situations?

What have you found is the best way to work with your child when he/she is upset?

What techniques do you use to help your child comply with requests?

Does your child have any fears you would like us to know about?

Has your child experienced any significant losses? If yes, please explain.

How independent is your child? (e.g., follows directions, plays alone, separates from adults, self-help, etc.)

1	2	3	4
To a Great Extent	Somewhat	Very Little	Not at All

Experiences, Interests and Other Information

What organized group experiences have/has your child participated in? Check all that apply

- Preschool Full Name of Preschool: _____
- Daycare
- Camp
- Religious School
- Group Lessons (please specify) _____
- Other (please specify) _____

Does your child get along with children?

1	2	3	4
All of the Time	Most of Time	Some of the Time	Not at All

Experiences, Interests and Other Information Continued

My child primarily plays

- Alone
- With Siblings
- With Younger Children
- With Relatives
- With Older Children
- With Children the Same Age

Did your child experience any difficulty in preschool? Is yes, please describe.

What does your child like to do?

What are your child's special qualities and strengths?

Is there any additional information that you think the school should have?

Thank you for helping us to get to know your child. We appreciate the time and effort you have taken to complete this form.

For School Use Only

Person Interviewed _____

Relationship to Child _____

Interviewer _____

Date _____